

Northeast Ohio Medical Reserve Corps, Inc Membership Handbook

P.O. Box 33524 Cleveland, Ohio 44133

http://www.neomrc.org info@neomrc.org

Notice

The information contained in this manual is intended for use by Members of the Northeast Ohio Medical Reserve Corps, Inc (NEOMRC). Any other use is prohibited. This manual may be updated regularly, and the NEOMRC Trustees retains the right to add, amend, or change policies and procedures at anytime without notice.

Authority

Polices and procedures set herein are established by the Northeast Ohio Medical Reserve Corps Board of Trustees. Recommendations for policy and procedure changes are developed and approved by the Board of Trustees.

Approved by the Board of Trustees on January 1, 2005.

Table of Contents

1 IN	TRODUCTION	1-1
1.1	Purpose	1-1
1.2	HISTORY	1-2
1.3	MISSION STATEMENT	1-2
1.4	ORGANIZATION AND ADMINISTRATION	1-2
1.5	REQUESTING FIRST AID COVERAGE	1-2
1.6	REQUESTING ASSISTANCE DURING A DISASTER OR A DECLARED EMERGENCY	1-2
1.7	REQUESTING ASSISTANCE FOR OTHER NON-EMERGENCY PURPOSES	1-3
2 S1	TANDARD OPERATING PROCEDURES	2-1
2.1	RESPONSIBILTY	2-1
2.2	DISCIPLINE / SEPARATION	2-1
2.3	Dress Code	2-2
2.4	FIRST AID COVERAGE POLICY / PROCEDURE FOR THE MEMBER	2-3
2.5	ACCIDENT PROCEDURE	2-3
2.6	SUPPLIES AND EQUIPMENT	2-4
2.7	Transportation Policy	2-4
2.8	MEMBERSHIP HANDBOOK REVISION PROCEDURE	2-4
2.9	FIRST AID STATION ACCIDENT REPORT	2-5
2.10	ANNUAL REPORT	2-6
3 C	OVERAGE COORDINATOR'S GUIDE	3-1
3.1	Purpose	3-1
3.2	DEFINITIONS AND LEVEL OF CARE	3-1
3.3	COVERAGE COORDINATOR	3-1
3.4	RESPONSIBILITIES OF A COVERAGE COORDINATOR	3-2
3.5	COVERAGE REPORT FORMS	3-4
4 A[DDITIONAL INFORMATION	4-1
4.4	Processor Fourteen	

1 Introduction

Welcome to the Northeast Ohio Medical Reserve Corps (NEOMRC) — we're glad to have you join our family. This section of the handbook is designed to provide you with an introduction to the Northeast Ohio Medical Reserve Corps, including what to expect from the group, and what's expected of you.

Your decision to join is a great contribution to the welfare of others. We hope that membership will be a rewarding experience—you are to be commended for your willingness to give of your time and efforts in the protection and care of the ill and the injured.

As with most volunteer organizations, NEOMRC depends on its membership for its success—the organization is the sum of its membership's efforts and contributions. For the group to succeed and prosper, its Members must have a sense of commitment and dedication to the purpose of the organization, that of helping others in distress.

NEOMRC is dedicated to helping the injured and ill. Our mission is to help where and when assistance is needed, without regard for personal convenience. NEOMRC is a volunteer service organization with a strong emphasis on *serving*.

This handbook will guide you in your general functions within the group. It is broken down into the following sections:

Introduction: This section contains an overview of NEOMRC

Standard Operating Procedures: The Standard Operating Procedures (SOPs) for

NEOMRC Members are detailed in this section,

including codes of conduct.

Coverage Coordinator's Guide: This section contains detailed information

necessary for coordinating a coverage.

Additional Information: This section contains resources useful for

Members.

As a responsible organization, we must maintain uniformity in Members' contact with the public, and this guide will assist you in meeting the necessary standards. A volunteer should have a thorough knowledge of NEOMRC, and a commitment to these groups' missions and values—if you understand and appreciate NEOMRC policies and values, you'll be better able to contribute in an effective and meaningful manner. Please read this guide carefully, and keep it handy for future reference.

1.1 Purpose

NEOMRC is a group of volunteers dedicated to serving the community.

The functional purpose of the Northeast Ohio Medical Reserve Corps is to serve our residents and visitors in the Northeast Ohio area. A primary means of serving the community is to provide medical support services for various public events and in the event of an emergency.

NEOMRC operates as a Medical Reserve Corps as outlined by the United States Department of Health and Human Services, Office of the Surgeon General. Additional information can be found at http://www.medicalreservecorps.gov

1.2 History

The NEOMRC was formed out of the need for a group of well-trained personnel to provide quality first-response, pre-hospital medical care to participants in charitable fund-raising events.

1.3 Mission Statement

The mission of the Northeast Ohio Medical Reserve Corps is to provide medical support during local emergencies or when we are requested and to promote health and wellness in the community of Northeast Ohio and provide support for other affiliate organizations.

1.4 Organization and Administration

The Board of Trustees is the governing body of NEOMRC and is responsible for the administration of policies, procedures and protocols. The Board of Trustees appoints the Chief who will preside at all meetings of the NEOMRC membership and in general to perform all the duties usually incident to such office, or which may be required by the Board of Trustees.

1.5 Requesting First Aid Coverage

The sponsoring agency of the event can request NEOMRC to provide first aid at their public event. The procedure is outlined as follows:

- A. The sponsoring agency contacts the Northeast Ohio Medical Reserve Corps to obtain a Coverage Request form.
- B. The sponsoring agency fills the form out and returns it to NEOMRC at ideally sixty (60) days prior to the event.
- C. A Member of NEOMRC contacts the sponsoring agency to obtain additional information and the date they need to know if NEOMRC can provide first aid coverage.
- D. The coverage is added to the list of current coverage's and NEOMRC Members sign up for the event.
- E. If enough volunteers sign up for an event to be covered the Chief will select a coverage coordinator and an assistant coverage coordinator.
- F. If there are not enough volunteers to provide adequate first aid care at the event, the sponsoring agency is contacted at least one (1) week prior to the event and notified that NEOMRC will not be able to provide first aid.

1.6 Requesting Assistance During a Disaster or a Declared Emergency

At the time of this publication the procedure for activation was under review. The procedure will be published at a later time.

1.7 Requesting Assistance For Other Non-Emergency Purposes

At the time of this publication the procedure for activation was under review. The procedure will be published at a later time.

2 Standard Operating Procedures

Additional Standard Operating Procedures will be continuously developed and will be published on a periodic basis and may or may not be part of this manual.

2.1 Responsibilty

Members will:

- A. Provide quality pre-hospital care (or support the care through their volunteer specialty) to people without regard to race, color, sex, religion, national origin, age or handicap.
- B. Be receptive to training that will make them more aware of the social and physical needs of the persons being served and other training appropriate to our mission.
- C. Support and supplement the work of other volunteers.
- D. Respect confidentiality of all information pertaining to the work site in which they volunteer or pertaining to recipients of service.
- E. Service requirements:
- F. Each Member shall assist in general promotion of NEOMRC and participate in its activities and objectives.
- G. Each Member is encouraged to attend the regularly scheduled meetings. Repeated or prolonged absences from meetings, without reasonable excuse made known to a Chief shall constitute cause for being dropped from the membership rolls.
- H. Be able to recognize and administer immediate and temporary care to a person of injury or sudden illness.
- I. Properly complete records and reports
- J. Follow directions given by the First Aid Station or Disaster Leader.
- K. Each Member shall contribute annually, a reasonable number of hours. It is recommended that at least twenty (20) hours of service (either at meetings, sessions, or first aid coverage's) per year to maintain active membership within Northeast Ohio Medical Reserve Corps.

2.2 Discipline / Separation

Volunteering with NEOMRC is a serious responsibility. If the rights and responsibilities outlined in this manual are not respected, it may be necessary for disciplinary action to take place.

Complaints should be directed to the Chief or Board of Trustees. If after initial inquiry of the complaint, it has been found that the Member has violated accepted standards of NEOMRC; discussion will be held regarding the matter at a Board of Trustees Meeting. Suggested action will be proposed and approved by the Board of Trustees.

The following are guidelines to be utilized by the Board of Trustees when conferring on a disciplinary action.

- A. The individual may be requested to come before the Board of Trustees for a conference. A warning may be administered and the volunteer placed on probation for a period of time as determined by the Board of Trustees. While on probation the volunteers Coverage Coordinator responsibilities shall be suspended. Refusal to meet with the Board of Trustees will result in automatic separation from NEOMRC.
- B. If a volunteer is requested to come before the Board of Trustees for a conference for a second time the Board of Trustees may decide to place the volunteer on probation or ask for separation.
- C. After two (2) probation's or depending on the seriousness of the offense the volunteer will be dismissed as a Member of Northeast Ohio Medical Reserve Corps.

A non comprehensive list of examples for automatic dismissal (for actions taken while representing NEOMRC) follows:

- A. Criminal Acts
- B. Insubordination
- C. Negligence
- D. Theft
- E. Destruction of property
- F. Slander
- G. Under influences of alcohol or drugs

The Board of Trustees will formalize the separation with a formal letter; arrange an exit interview, and the return of all NEOMRC materials.

Supportive documentation for disciplinary action will be placed in the Members file.

2.3 Dress Code

Uniform shall consist of the following:

Jacket	Navy blue	with a NEOMRC	logo over the	left chest	(NEOMRC will
--------	-----------	---------------	---------------	------------	--------------

establish a point of contact to obtain)

T-Shirt Navy blue (Officers may wear white) t-shirt with a NEOMRC single

color logo over the left chest. (NEOMRC will establish a point of

contact to obtain)

Shirt Polo Style, navy blue (Officers may wear white), short or long sleeve,

with a NEOMRC logo over the left chest. (NEOMRC will establish a

point of contact to obtain)

Pants Navy blue, black, uniform style preferred (jeans and shorts permitted

upon approval of Coverage Coordinator)

Socks Navy blue or black

Shoes Back, solid color, laced (black solid color tennis shoes are acceptable)

Hat Navy blue baseball cap a NEOMRC logo (NEOMRC will establish a

point of contact to obtain) or a non-descript star of life

NORTHEAST OHIO MEDICAL RESERVE CORPS MEMBERSHIP HANDBOOK

ID To be worn visibly at all times while wearing NEOMRC Uniform and at

any other time representing NEOMRC

Pen A blue or preferably black pen to be kept with volunteer at all times in

order to fulfill duties of report writing

Watch A watch, preferably with a second hand, for time keeping and

assessing vital signs

Barrier Devices Gloved and a barrier device for CPR should be carried

Jewelry Wearing jewelry is highly discouraged as it may be used by others to

harm the individual wearing the jewelry.

The uniform is to be clean and in good repair at all times. Whether in uniform or not, volunteers representing NEOMRC should be neat in appearance and appropriately dressed for their activities.

Uniform variances for coverage's will be individually approved by the Board of Trustees.

Volunteers are not permitted to wear a uniform with the NEOMRC logo; they must wear a similar uniform w/ a star of life (other emblems must be approved by the Board of Trustees) in its place.

2.4 First Aid Coverage Policy / Procedure for the Member

Prior to the event the Coverage Coordinator will contact the Members who have signed up for an event regarding times, location (with maps as needed), equipment, and other pertinent information. It is the responsibility of the Member to be sure that all of the above instructions are understood.

The Member shall do the following at a First Aid Coverage

- 1. Report directly to the Coverage Coordinator upon arrival
- 2. Discuss your schedule with the Coverage Coordinator
- 3. Provide care up to their level of training according to NEOMRC Protocols and the State of Ohio
- 4. As called upon, respond to emergencies outside the first aid station but within the boundaries of the coverage site
- 5. Fill out reports as outlined by the State of Ohio
- 6. Adhere to NEOMRC policies and procedures set forth by the governing bodies of NEOMRC
- 7. Family members and friends are not permitted in the first aid area without approval of the Coverage Coordinator
- 8. Failure to attend an assignment without notification may result in separation

2.5 Accident Procedure

Members are requested to stop at accidents that may have resulted in personal injury and offer any First Aid needed.

Use of NEOMRC identification requires strict adherence to the following procedure at the scene of an accident.

- 1. Act in such manner as representative of a NEOMRC Member
- 2. Provide care to their level of training permitted according to the NEOMRC Protocols and the State of Ohio
- 3. Complete an Accident Report and submit to the Chief for review and filing

2.6 Supplies and Equipment

The Member is responsible for the proper use, function and operation of the supplies and equipment used by NEOMRC. All equipment and supplies must be routinely inspected to insure safe working conditions. Any problems should be promptly reported to the Supply Officer. All equipment must be cleaned and disinfected after use and before returning to storage. The Member will be responsible for replacement costs for any damaged or lost equipment due to negligence, as determined by the Board of Trustees.

NEOMRC has full responsibility for all equipment and supplies at the First Aid Stations. Therefore all personal equipment and supplies used by a Member representing NEOMRC:

- 1. Are to adhere to the standards and guidelines of Northeast Ohio Medical Reserve Corps
- 2. Shall not misrepresent the intent and purpose of the organization or the level of care provided by the NEOMRC and by the State of Ohio
- 3. Are subject to inspection and authorization for use by a Coverage Coordinator, Chief, or a Member of the Board of Trustees

Personal First Aid Kits are not to be restocked from First Aid Station Supplies. However, if personal supplies are used when representing NEOMRC, then a requisition for replacement may be made to the Supply Officer. NEOMRC cannot replace supplies such as expired medication, blankets, backboards, flares, air splints, flashlights, etc.

Supplies used when not at a coverage may be replaced only if an Accident Report is filed the Chief.

2.7 Transportation Policy

The policy of NEOMRC prohibits Members from transporting any person. This includes, but is not limited to, the transportation of a patient on the event grounds to the First Aid Station by any means.

2.8 Membership Handbook Revision Procedure

All revisions to the Northeast Ohio Medical Reserve Corps Membership Handbook shall follow the following procedure:

- 1. All suggested revisions shall be submitted in writing to the Board of Trustees. The suggestion should include a rational for the change
- 2. The Board of Trustees will review the proposed revision.

3. When final approval is obtained the revision will be made to the Membership Handbook and updates will be issued to all Members.

2.9 First Aid Station Accident Report

Every person to whom we provide care has a story. That story is required to be documented on an Accident Report from. Keep in mind that the report form is a legal document and should be filled out completely and accurately (in blue or preferably black ink).

The form is designed to provide space for the written story with supportive check boxes and illustrations on the side. All areas of the form need to be completed. If something was not done or is not applicable a line or NA for "not applicable" needs to be placed in that area on the form. The golden rule of report writing is "if you didn't write it down, you didn't do it."

The story starts out with the CHIEF COMPLAINT that tells us why the person is requesting our assistance, i.e. laceration, headache (HA), or statement "I don't feel good". We can then move on to EVENT HISTORY to find out more about the complaint and what happened, i.e. person states cut foot on a piece of broken glass, states has a HA from being in the sun all day, or states that they ate too much greasy food.

PHYSICAL FINDINGS will tell us what the first aider actually saw/found upon examining and questioning the person, i.e. approximately 2" deep laceration to ball of left foot, person presented in FA station holding head, person holding stomach, nausea, vomiting.

What was done for the person can be found under DESCRIPTION OF CARE PROVIDED i.e. bleeding controlled wounds cleansed and bandaged, ASA given, Gelusil given.

Information the person was advised of by the first aider will be listed under DISCHARGE INSTRUCTIONS, i.e. watch for signs of infection.

ALL PERSONS are to be advised to seek additional medical care as outlined in the RELEASE AND CONSENT STATEMENT.

NOTE: Please become familiar with this statement and make it a habit of verbally stating the content of the statement when asking the person to sign the form. If the person refuses or is unable to sign, documentation regarding why should be made on the form.

Complete the form with the signatures of the authors --- the first aiders, the person (as stated above), and the coverage coordinators. The first aider listed will be assumed as the primary care provider. It will be the coverage coordinators responsibility to review over the report to ensure completeness and thereby representing their review by signing the form. (Note: the coverage coordinator does not necessarily need to sign at the time of the occurrence, but should do so within a timely manner.)

Keep in mind:

- A. All first aid care provided must be documented in writing on the first aid station accident report
- B. Information contained in the above record is confidential and should not be verbally shared with anyone except EMS personnel directly involved with care
- C. Gathering data should not take precedence over first aid care
- D. The First Aid Station Accident Report should be filled out as much as possible and filed when a person refuses care

E. Before a person "signs off" we must obtain a complete set of vital signs

2.10 Annual Report

The Chief shall prepare an annual report. This report shall be prepared and presented to membership at the end of each calendar year.

The Annual Report shall contain a minimum of the following:

- A. List of the current Members of the Board of Trustees
- B. List of current officers
- C. List of all current Members
- D. Description of training which was provided by Member(s) of the NEOMRC on behalf of the NEOMRC (training hours, number of persons trained)
- E. List of activities with Affiliate Organizations
- F. List of First Aid Coverages
- G. Approximate number of participants at each First Aid Coverage
- H. Number of persons treated at each First Aid Coverage
- I. Total number of Volunteer hours at each First Aid Coverage
- J. Financial information
- K. Description of training that was provided to NEOMRC (training hours, number trained, etc.)

3 Coverage Coordinator's Guide

3.1 Purpose

Every request for and operation of a First Aid Station presents challenges that may require an innovative solution. To that end, this guide has been developed to provide information about the provision and administration of a First Aid Station.

3.2 Definitions and Level of Care

First Aid Stations are designed to provide competent, immediate and temporary care for injuries and sudden illnesses that may typically occur at community gatherings.

NEOMRC is to work in cooperation with the local EMS agency to provide participants of an event immediate First Aid care. Thereby augmenting the local EMS services and ensuring that there is little or no disruption in the community's normal Emergency Medical System. In addition, we are in a position should a disaster occur at one of these events to start immediate care and act as a triage site for EMS. The primary ways we coordinate our efforts are by ensuring an adequate communication route to obtain EMS and an immediate access route to the First Aid Station.

NEOMRC defines First Aid as the immediate and temporary care given to a person of injury or sudden illness until more advanced medical care can be obtained, if required. The level of care to be provided at a First Aid Station must be consistent with, and within the boundaries of the procedures as outlined in the NEOMRC Protocols and the State of Ohio. At no time while representing NEOMRC shall a Member perform First Aid care or emergency procedures beyond this level of care. Any injury or sudden illness that requires more advanced First Aid and life support techniques, than able to be provided by Northeast Ohio Medical Reserve Corps, should be referred to EMS professionals. In addition, they should not offer themselves as providers of primary health care, nor should they replace the services of the local EMS agency.

Community organizations that request the services of NEOMRCs should be informed not to expect advanced health care to be provided, as outlined above.

3.3 Coverage Coordinator

A Coverage Coordinator shall be assigned by the Chief for every event.

3.3.1 Purpose of Coverage Coordinator

Anytime there are two (2) or more Members providing care at an event there needs to be a leader in order to have organization to achieve a common goal.

3.3.2 Qualifications of a Coverage Coordinator

To be consider as a Coverage Coordinator, you must have the following qualifications:

- A. A Member who displays good leadership qualities and wishes to take on the responsibility.
- B. Be able to function effectively and meet all responsibilities in this role.
- C. Be a knowledgeable representative of Northeast Ohio Medical Reserve Corps

3.3.3 Qualities of a Good Leader

- A. Communicator A good leader need not be an eloquent speaker, but should be able to discuss problems in a language that is understandable to the group.
- B. Role Model A leader should set an example by his/her actions, words, dress and mannerisms. Non-verbal communications frequently speak at least as loud as words.
- C. Student/Teacher He/she studies other leaders, observes their successful manners, choosing what fits his/her needs, and transforming these actions to his students/followers.
- D. Negotiator Sometimes leaders must negotiate or discuss problems in a reasonable manner to settle differences or resolve problems. Situations sometimes arise with personality clashes; authority clashes, resulting in resentment, anger and hostility. We must separate personality clashes from ideological differences. "I'll take the high road, you take the low road" and we'll all arrive together.

The way in which a leader approaches these problems can lead to success or failure of a project. Demanding blind obedience results in doctoral leadership with the loss of followers. On the other hand, submissiveness leads to loss of respect. Two things to keep in mind: concentrate on the result you desire, and attack the problem not the person.

- E. Facilitator A facilitator finds ways to get the job done. Know your resources, who to contact for what need: Police, Security, EMS, Event Sponsor, etc. Include in your resource assessment the skills of your First Aiders (i.e. Full or Associate Member, Veteran or newbie, Health Care Professional, School Teacher, Auto Mechanic, etc.) Use these talents to your advantage in your organizational team assignments
- F. Stress Stress control is very important and frequently a overlooked aspect of group dynamics. Be observant of yourself and coworkers for signs of stress. Try not to assign workers to an excessive length of shift, or too many days in a row. Be sure to provide for breaks, food and personal hygiene. Choose a strong assistant leader who can cover you when necessary. You are not indispensable, put someone else in charge for brief periods and then let them do it, do not interfere unless absolutely necessary.

3.4 Responsibilities of a Coverage Coordinator

3.4.1 Pre-event

- a) Obtain a copy of the Coverage Request Form
- b) Obtain background information on the event
 - i) Previous years Coverage Coordinator Report

NORTHEAST OHIO MEDICAL RESERVE CORPS MEMBERSHIP HANDBOOK

- ii) Interview volunteers who have worked the event type of information you are looking for:
 - a) Type of crowd at this or similar events
 - b) Type of activities occurring at the event
 - c) Potential problems
 - d) Previous problems at this event
- Obtain a list of volunteers signed up for this event and assist with recruitment if needed
- d) Contact
 - i) Determine First Aid needs for the event
 - ii) Establish equipment to be supplied by the sponsor
 - iii) Obtain all necessary passes and tickets
 - iv) Establish details of the coverage
 - a) Maps
 - b) Location of the First Aid Stations
 - c) Communications
- e) Contact other service organizations involved (i.e. EMS)
- f) Contact local EMS agency to ensure proper access and communications
- g) Contact volunteers
 - i) Notify each volunteer by letter, if sufficient time, otherwise by telephone
 - ii) Verify attendance dates and times with each volunteer
 - iii) Provide an assembly time and place
 - iv) State uniform of the day
 - v) Provide each with an overall plan, if possible
 - vi) List specific special instructions concerning lunches, water, rain gear, First Aid supplies, etc.
- h) Requisition
 - i) Supplies
 - ii) Communications equipment
 - iii) Vehicles
- i) Establish disaster plan
 - i) Triage teams
 - ii) Chain of command for care of injured
- j) Visit site of event
- k) Make staff assignments
- I) Assemble all equipment

3.4.2 **Event**

- a) Provide leadership and management of First Aid Stations
- b) Make station assignments
- c) Assign Station Captains
- d) Supervise team Members
- e) Be responsible for supplies and equipment
- f) Be responsible for safety of Staff and Persons
- g) Oversee proper completion of all records and reports
- h) Act as the on-site liaison with the sponsoring organization
- i) Report any serious medical situation to the sponsor of the event

3.4.3 Post-event

- a) Return all equipment, assist with restocking / clean-up as applicable
- b) Fill out and file all reports with the Staff Liaison
- c) Send a follow-up letter to the sponsor
- d) Send thank yours to the volunteers

3.5 Coverage Report Forms

The following are to be completed by the Coverage Coordinator after the Coverage and filed with the Chief:

- A. Report detailing the event including the number treated, number transported, etc.
- B. Sign-In Log detailing the number of hours each person volunteered.

These forms should be filled out at the conclusion of the Event and turned into the Chief.

4 Additional Information

4.1 Personal Equipment

It is highly recommended that a The NEOMRC Member carry the minimum amount of first aid equipment that is recommended by Board of Trustees.

Equipment not authorized for use by the NEOMRC Protocols are not authorized for use in conjunction with identification factors relative to NEOMRC. Such identification factors are the uniform, and/or an individual identifying them as a NEOMRC Member. Use of the aforementioned factors requires strict adherence to the Polices, Procedures, and Protocols of NEOMRC.

4.1.1 Minimum Equipment:

2 units - 1" adhesive bandage
 2 units - 2" adhesive bandage
 3 units - plain absorbent gauze

2 units - 3" adhesive bandage 4 units - triangular bandages

2 units - 4" adhesive bandage 1 unit - scissors, tweezers

1 unit - 3"x3" plain gauze pads 5 units - Gloves

2 units - gauze roller bandage1 unit - Barrier Device1 unit - eye dressing packet

4.1.2 Recommended Additional Equipment:

Sterile gauze pads Adhesive tape

Absorbent gauze pads Activated charcoal

Roller gauze Syrup of ipecac

Prepackaged hot and cold packs Tongue blades

Large bandage scissors Butterfly bandages
Thermometers Instant glucose

Stethoscope Bag/Valve/Mask Resuscitation

Blood Pressure Cuff Ice

Alcohol Pads Sterile Water

Water Antisep

Paper cups Ace Bandages

O.B. kit